Annexure I

INFORMED CONSENT

Authorization for the performance of Diagnostic/ therapeutic and/ or investigative procedure

1. I, hereby authorize _____ and those may be designed as his/her associates or assistants to perform Diagnostic/therapeutic and /or Investigative procedure _____

   It has been explained to me that, during the course of the procedure, unforeseen conditions may be revealed or encountered, which may necessitate other procedures in addition to or different from the contemplated ones. I, therefore, further request and authorize the above named doctor or his designates, to perform such additional or other procedures, as he or they may deem necessary or desirable.

2. The nature and purpose of the procedures, the necessary thereof, the possible alternative methods of procedure, the risk involved and the possibility of complication in the performing of the procedures, have been fully explained to me and I understand the same.

3. I understand that the result and observations of my investigative procedure will be used for research purposes. I have no objection to that.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTOOD THE ABOVE CONSENT, THAT THE EXPLANATIONS THEREIN REFERRED TO WERE MADE AND THAT ALL BLANKS OR STATEMENTS REQUIRING INSERTIONS OR COMPLETION FILLED IN AND ANY INAPPLICABLE PARAGRAPHS STRICKEN OFF, BEFORE SIGNED

_____

Signature and Name of the Investigator

Signature and Name of the Patient / person authorized with r

Annexure II

Proforma

Name of Patient-

Age- Gender-

Symptoms

1) Low Backache

2) Lower Limb Weakness

3) Pain radiating to Both the Lower Limbs

4) Walking Distance Reduced

5) Forward Bending Restricted

6) Numbness in both the lower limbs

Clinical Examination

Inspection

1) Any Kyphotic /Scoliotic Deformity

2) Paravertebral Muscle Spasm (Mid Line Furrow)

3) Paravertebral Muscle Fullness/Swelling

Palpation

1) Surface Temperature

2) Local Tenderness:

A) Direct

B) Twist

C) Thumb

3) If Deformity Present Confirmation

4) Para-vertebral Muscle Tautness

5) Passive SLRT

Neurological Examination

1) Motor Examination

A) Bulk And Nutrition

B) Tone

C) Power

D) Reflexes

(2)Sensory Examination

(3) Bowel/Bladder Examination

Investigations:

- **X- ray L-S spine**
  - a) AP
  - b) Lateral
- MRI
- DNA (PCR)